

Fact Sheet – Plan First Program

What is Plan First?

Plan First is a program designed to extend family planning and birth control services to an expanded eligibility group in Alabama who - if pregnant - would qualify for prenatal coverage through Medicaid's SOBRA program.

Approved in June 2000, Plan First operates under a federally-approved Research and Demonstration waiver granted by the Health Care Financing Administration, now known as Centers for Medicare and Medicaid Services (CMS), and will be administered by the Alabama Department of Public Health. The waiver has been approved for five years and may be renewed with HCFA's approval.

Who is eligible for Plan First?

To qualify for the Plan First program, a woman must be between the ages of 19 - 44 with an income which does not exceed 133% of poverty. Approximately 80,000 women will become *automatically eligible* for birth control services and supplies when this program begins on October 1, 2000. In addition, SOBRA-eligible women who lose Medicaid coverage 60 days after giving birth will become *automatically eligible* for Plan First.

Women who are not automatically enrolled who wish to apply for family planning services may obtain an application from the Alabama Department of Public Health, outstationed Medicaid workers, providers of services to pregnant women and children, or the Alabama Medicaid Agency. An [application form](#) can also be downloaded from the Medicaid web site.

What is covered under this program?

The Plan First program is limited to birth control services and supplies only. This includes all currently available family planning methods, outpatient tubal ligation, doctor/clinic visits (for family planning only) and certain screening tests, such as the HIV test. **Plan First does not pay for any other medical services.**

How will the Plan First program work?

Eligible women aged 19 - 44 will be required to go to an [enrolled Plan First doctor or clinic](#) for all birth control services. In addition, women selecting birth control pills or shots may get the pills directly from the doctor or clinic at no cost. For diaphragms and similar methods, the doctor or clinic will need to provide the recipient with a prescription. There are no co-payments for Plan First participants. Women with special birth control-related needs or barriers to access may be referred to a care coordinator for follow-up.

How do I know which program a Medicaid woman is eligible for?

In order to determine what type of eligibility a patient has, it is the responsibility of the provider to verify a patient's eligibility for the date(s) of service. Failure to check eligibility may result in a patient receiving non-covered services or getting family planning services from a provider not enrolled in Plan First. In either case, claims for non-covered services or providers will be denied. To verify eligibility, providers will need to use the PES or AVRS systems. For more information on verifying eligibility, contact EDS at (800) 688-7989.